

# APPLICATION FOR FEDERAL ASSISTANCE SF424 - MANDATORY

Version 01

## \* 1.a. Type of Submission:

- ☒ Application  
☐ Plan  
☐ Funding Request  
☐ Other

\* Other (specify)

## \* 1.b. Frequency:

- ☒ Annual  
☐ Quarterly  
☐ Other

\* Other (specify)

## \* 1.d. Version:

- ☒ Initial ☐ Resubmission ☐ Revision ☐ Update

## \* 2. Date Received:

Completed Upon Submission to Grants.gov

## STATE USE ONLY:

## 3. Applicant Identifier:

## 5. Date Received by State:

## 4a. Federal Entity Identifier:

## 6. State Application Identifier:

## 4b. Federal Award Identifier:

## 1.c. Consolidated Application/Plan/Funding Request?

Yes ☐ No ☒

## 7. APPLICANT INFORMATION:

### \* a. Legal Name:

### b. Employer/Taxpayer Identification Number (EIN/TIN):

### \* c. DUNS Number:

### d. Address:

#### \* Street1

#### Street2

#### \* City

#### County

#### \* State

#### Province

#### \* Country

#### \* Zip / Postal Code

### e. Organizational Unit:

#### Department Name

#### Division Name

### f. Name and contact information of person to be contacted on matters involving this application:

#### Prefix

#### \* First Name

#### Middle Name

#### \* Last Name

#### Suffix

#### Title

#### Organizational Affiliation

#### \* Phone Number

#### Fax Number

#### \* Email

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**\* 8a. TYPE OF APPLICANT:**

\* Other (specify)

b. Additional Description

**\* 9. Name of Federal Agency:****10. Catalog of Federal Domestic Assistance Number:**

CFDA Title

**11. Areas Affected by Funding (Cities, Counties, States, etc.):****12. CONGRESSIONAL DISTRICTS OF:**

\* a. Applicant

b. Project

**13. FUNDING PERIOD:**

a. Start Date:

b. End Date:

**14. ESTIMATED FUNDING:**

\* a. Federal (\$)

b. Match (\$)

**\* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**☐ a. This submission was made available to the State under the Executive Order 12372 Process for review on ☐ b. Program is subject to E.O. 12372 but has not been selected by State for review.☐ c. Program is not covered by E.O. 12372.

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## \* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes ☐ No ☐

**17. By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

\*\* I Agree ☐

## Authorized Representative:

Prefix

\* First Name

Middle Name

\* Last Name

Suffix

Title

Organizational Affiliation

\* Phone Number

\* Fax Number

\* Email

\* Signature of Authorized Representative

\* Date Signed

Add Attachments

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

\*\* This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**APPLICATION FOR FEDERAL ASSISTANCE SF424 - MANDATORY CONTINUATION SHEET**

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**10. Catalog of Federal Domestic Assistance Numbers (List any additional Catalog of Federal Domestic Assistance Numbers, if applicable)**

CFDA Numbers

CFDA Titles

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### 11. Areas Affected by Funding (List additional areas affected by funding)

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### 12.b. Congressional District of Program/Project:


### Additional Congressional Districts:

	Add Attachment	Delete Attachment	View Attachment
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### 16. Delinquent Federal Debt (Enter an explanation if the applicant organization is delinquent on any Federal Debt)

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